		4
		,



Please type a plus sign (+) inside this box \longrightarrow +

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Numb	oer	483_	(Touchstone)	
		First Named Inventor		JOSEPH		
		COMPLETE IF KNOWN				
		Application Number				
		Filing Date				
✓ Declaration Submitted	ed OR Submitted after Initial	Group Art Unit				
with Initial Filing		Examiner Name				

As a below named inventor, I hereby declare that:								
My residence, mailing address, and	d citizenship are as stat	ed below next to my na	me.					
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
COMPOSITE TOOLING								
the specification of which	(T	itle of the Invention)		<u> </u>				
is attached hereto		as I Initad S	States Application N	dumber or PCT	- International			
was filed on (MM/DD/YYYY)		as Officed S	nates Application i					
Application Number	and was a	mended on (MM/DD/YY	YY)		(if applicable).			
I hereby state that I have reviewed amended by any amendment specific	d and understand the co	ontents of the above ide re.	ntified specification	n, including the	claims, as			
I acknowledge the duty to disclose in-part applications, material inforr PCT international filing date of the	nation which became a	vailable between the fili	s defined in 37 CF ng date of the prio	R 1.56, includi r application ar	ng for continuation- nd the national or			
I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internations	ntemational application also identified below.	which designated at le	ast one country of any foreign applic	ther than the U ation for pater	Inited States of nt or inventor's			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached?			
	US 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s) Filling Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box \longrightarrow

Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Pat nt Application

-3.5		_						
Direct all c	OLLESDOUGEUGE IO. II I	Customer Nu or Bar Code I				OR V	Correspondence a	address below
Name	Auzville Jackso	n, Jr.	-					
Address	8652 Rio Grand	le Rd.						
Address					_			
City	Richmond				State	VA	ZIP 23229	l
Country	US		Telephone	804/	740-6	828	804/7	40-1881
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME O	F SOLE OR FIRST IN	/ENTOR:			A petiti	on has been file	ed for this uns	igned inventor
Given Name	e iddie [if any])	Brian	E.		Family I		Josep	h
Inventor's Signature Date 8/13/01								
Residence:	city Who	eeling		State \	//	Country US	Citizenship	US
Mailing Add	dress		18	Lynv	vood	Avenue		
Mailing Add	dress							
City	Wheeling	State	WV		ZIP	26003	Country	US
NAME OF	SECOND INVENTOR	₹:			A petiti	ion has been fil	ed for this uns	igned inventor
Given Name	e D	arren K	enneth		Family or Sum		Roger	S
Inventor's Signature		KR.					Date 8	13 01
Residence:	city Who	eeling	`	State	WV	Country US	Citizenship	US
Mailing Add	dress		4	Ame	rica A	Avenue		
Mailing Add	dress	<u> </u>						
City	Wheeling	State	WV		ZIP	26003	Country	US
	al inventors are being name	<u> </u>	_supplementa	al Additio	nal Inven	ntor(s) sheet(s) PT		d hereto.

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Please type a plus sign (+) inside this box —

Application Number		
Filing Date		
First Named Inventor	JOSEPH	
Group Art Unit		
Examiner Name		
Attorney Docket Number	1483(Touchstone)	

I hereby appoi	nt:		[
Practition	ers at Customer Number		_	ce Customer mber Bar Code				
OR				el here				
✓ Practition	er(s) named below:							
Name Registration Number								
	Auzville Jackson, Jr.		17, 306	<u> </u>				
as my/our attorr	ney(s) or agent(s) to prosecute the	application identifie	d above, and to	transact all				
	United States Patent and Tradem							
Please change to	he correspondence address for the	e above-identified a	polication to:					
_	mentioned Customer Number.							
OR								
Firm <i>or</i> Individual Na	me	Auzville Jack	son, Jr.					
Address		8652 Rio Gra	nde Rd.					
Address								
City	Richmond	State	VA	Zip 23229				
Country		US						
Telephone	804/740-682	8 Fax	804/	740-1881				
I am the:								
✓ Applican	t/Inventor.							
Assigned	e of record of the entire interest. So	ee 37 CFR 3 71						
	nt under 37 CFR 3.73(b) is enclos		96).					
	SIGNATURE of Applic	ant or Assignee of R	ecord					
Nama		Brian E. Jose	 ph					
Name	12 < 5 0 A							
Signatur	Dran C. Gosepl							
Date	8/13/01							
	the inventors or assignees of record of the signature is required, see below*.	e entire interest or their r	epresentative(s) are	e required. Submit multiple				
☑ *Total of 2	forms are submitted.							
			·					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	JOSEPH
Group Art Unit	
Examiner Name	
Attorney Docket Number	1483(Touchstone)

I hereby appoi	nt:			 	 		
OR	ers at Customer Number			→ Ni	ace Custor umber Bar abel here		
✓ Practition	er(s) named below:		- 1				
Name Registration Number							
	Auzville Jacks	on, Jr.		17, 30)6		
	<u></u>						
as my/our attorn business in the	ney(s) or agent(s) to pros United States Patent and	ecute the application	n identified connected	d above, and t therewith.	to transac	t all	
	he correspondence addre mentioned Customer Nur		entified ap	plication to:			
Firm or Individual Na							
Address		8652	Rio Grar	nde Rd.			
Address							
City	Ricl	nmond	State	VA	Zip	23229	
Country			US				
Telephone	804/7	40-6828	Fax	804	1/740-18	381	
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	SIGNATURE	of Applicant or Assig	nee of Re	cord			
Name	Darren Kenneth Rogers						
Signature	(1)-kP_						
Date	8/13/01						
NOTE: Signatures of all	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
Total of 2	signature is required, see below forms are submitted.	·				<u></u>	
I DUAL OF	iomis are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.